

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  R 06/05/2018
NAME OF PROVIDER OR SUPPLIER  QUALITY CENTER FOR REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
(N 831) SS=D	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observations on 4/30/2018 between 11:12 AM - 11:23 AM revealed unsealed penetrations to the 1 hour fire barriers above the ceiling in the following locations: <ol style="list-style-type: none"> <li>Cross corridor outside room 29- 1 sleeve containing multiple colored cables unsealed at the wall and unsealed on the end.</li> <li>Cross corridor outside room 39 (on both sides of the wall)- 1 sleeve containing multiple colored cables unsealed at the wall and unsealed on the end</li> <li>Cross corridor behind the old admin office: <ol style="list-style-type: none"> <li>PT Floor side- unsealed at the deck, 1 sleeve (with a red cable) unsealed, between 2 flex conduits, 1 flex unsealed penetration around it;</li> <li>Admin side- 2 low voltage wires unsealed, 1 conduit unsealed on the end and at the wall, unsealed at the deck.</li> </ol> </li> <li>Cross corridor outside room 74- unsealed conduit above the door</li> <li>Cross corridor outside room 72- sprinkler line unsealed on the side NFPA 101, 8.3.5.1 (2012 Edition)</li> </ol> </li> </ol>	(N 831)	<p>N831-1200-8-6-.08 (1) Building Standards</p> <ol style="list-style-type: none"> <li><b>Corrective Action:</b> The improper fire caulk in the cross corridor behind the old admin office (office side) and patient side was removed by fire stop system consultant and replaced according to the appropriate system utilized. ADM and/or Nurse Educator inserviced the outside contractors performing a remodel currently in the facility to ensure they seal any penetrations they make appropriately. Director of Maintenance inserviced to ensure fire stop systems are applied according to the specifications of the system. ADM or designee educated maintenance staff how to identify the appropriate fire penetration system required to seal any penetrations.</li> <li><b>Identifying other residents with potential to be affected:</b> The facility determined residents near the affected areas have the potential to be affected.</li> <li><b>Measures or Systemic Changes:</b> The Maintenance Director or designee will audit the areas the outside contractor works on daily for 4 weeks and then weekly for 2 months to ensure they do not leave any penetrations they may make unsealed. Outside contractor educated performing a remodel currently in the facility to ensure they seal any penetrations they make appropriately.</li> </ol>	6/20/18	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Adreane Bontle*

TITLE

*Administrator*

(X6) DATE

*6/11/18*

STATE FORM

8868

X9ZT22

If continuation sheet 1 of 2

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9506	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  R 06/05/2018
NAME OF PROVIDER OR SUPPLIER  QUALITY CENTER FOR REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
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{N 831}	Continued From page 1  2. Observations on 4/30/2018 between 11:12 AM - 11:23 AM, revealed improper fire caulk in the following locations: 1. Cross corridor behind the old admin office (office side)- Foam in penetration around low voltage cable, penetrations sealed with sheetrock mud. NFPA 101, 8.3.5.1 (2012 Edition)  **On a revisit on 6/5/2018 at 3:45 PM, revealed firestop systems provided had not been followed and the head of wall system fire stop had not been installed per UL system above the fire doors on the PT floor side. NFPA 101, 8.3.5.1 (2012 Edition) This finding was verified and acknowledged by the administrator and maintenance director during the walk through on 6/5/2018.	{N 831}	4. How corrective action will be monitored: The ADM or designee will review audit reports from the Maintenance Director or designee at Stand Up meetings to determine if any violations or concerns were identified. The ADM or designee will complete an audit form to document findings of reviews weekly for 4 weeks then monthly for 2 months. The ADM or designee will review the audits and report findings to the QAPI committee. The QAPI committee will review the results at the QAPI meeting to ensure the POC was effective and if any further corrective action is warranted.		

## Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER  QUALITY CENTER FOR REHABILITATION AND		STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
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Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Cherrie Daulte*

TITLE

*Administrator*

(X6) DATE

5/23/18

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